

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 22, 2011**  
**Secretary of State**

DOCUMENT# N06000000592

**Entity Name:** THE 400 BUILDING AT PARK CENTRAL NORTH OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5495 BRYSON DRIVE  
400 BUILDING  
NAPLES, FL 34109**New Principal Place of Business:**5495 BRYSON DRIVE  
SUITE 421  
NAPLES, FL 34109**Current Mailing Address:**5495 BRYSON DRIVE  
SUITE 411  
NAPLES, FL 34109**New Mailing Address:**5495 BRYSON DRIVE  
SUITE 421  
NAPLES, FL 34109**FEI Number:** 26-1254039**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WINDSOR DISTRIBUTING, INC  
5495 BRYSON DRIVE  
SUITE 411  
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**THE 400BUILDING @ P.C.N.  
5495 BRYSON DRIVE  
SUITE 421  
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELIZABETH WILSON

06/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD  
**Name:** WILSON, CLINTON  
**Address:** 5495 BRYSON DRIVE  
**City-St-Zip:** NAPLES, FL 34109**Title:** TSD  
**Name:** WILSON, ELIZABETH  
**Address:** 6363 OLD MAHOGANY CT  
**City-St-Zip:** NAPLES, FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH WILSON

TSD

06/22/2011

Electronic Signature of Signing Officer or Director

Date